



Kentucky Transportation Cabinet
Division of Right of Way and Utilities
RELOCATION BENEFITS SUMMARY

TC 62-210
11/2005

COUNTY	ITEM NO.	PARCEL	NAME			
PROGRAM NUMBER	FEDERAL PROJECT NUMBER			PROJECT		

I certify that I have received the following checks representing approved Relocation Benefits from the Commonwealth of Kentucky:

RESIDENTIAL RELOCATION											
Replacement Housing Payment		CHECK NUMBER	DATE	AMOUNT							
Incidental Expenses		CHECK NUMBER	DATE	AMOUNT							
Moving Expenses		CHECK NUMBER	DATE	AMOUNT							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Fixed Rate</td> <td style="width: 15%; text-align: center;">Com Move</td> <td style="width: 15%; text-align: center;">Mis Move</td> <td style="width: 15%; text-align: center;">Mobile Home</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Fixed Rate	Com Move	Mis Move	Mobile Home					
Fixed Rate	Com Move	Mis Move	Mobile Home								
Other: (Explain)		CHECK NUMBER	DATE	AMOUNT							

I certify that I have occupied the replacement property as my permanent residence, and that all the information contained herein is true and accurate to the best of my knowledge. I, therefore, acknowledge receipt of reimbursement as outlined in this application.

I certify that all my personal property has been moved and acknowledge the receipt of moving expense reimbursement as outlined in this application.

NON-RESIDENTIAL RELOCATION											
Moving Expenses		CHECK NUMBER	DATE	AMOUNT							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Com Move</td> <td style="width: 15%; text-align: center;">Act Cost</td> <td style="width: 15%; text-align: center;">Staff Est</td> <td style="width: 15%; text-align: center;">Storage</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Com Move	Act Cost	Staff Est	Storage					
Com Move	Act Cost	Staff Est	Storage								
Re-establishment Expenses		CHECK NUMBER	DATE	AMOUNT							
In Lieu Of Payment		CHECK NUMBER	DATE	AMOUNT							
Other: (Explain)		CHECK NUMBER	DATE	AMOUNT							

Displacee's Signature	Date	Agent's Signature
-----------------------	------	-------------------